REQUEST FOR EXTENSION OF PROGRAM OF SEVIS I-20AB

This completed form, along with the student’s SEVIS I-20, should be submitted by the STUDENT to the Office of International Affairs.

This form is used to request a new SEVIS I-20AB for F-1 students. A new SEVIS I-20AB is necessary if the student is extending his/her program to a later date than the program end date listed on their current SEVIS I-20AB.

PART A: Student information (please type or print clearly)

Name: ____________________________________________________________

ULID: __________________  Major: ________________________________

Student signature: __________________________________________ Date: ______________

PART B: Departmental Information (please type or print clearly) – This section MUST be filled out by the Department. Any missing information will result in a delay of processing.

Name of Department: ______________________________________________________________________

Department Address: ______________________________________________________________________

E-Mail __________________________________________  Phone _____________________________

PROGRAM INFORMATION

1. Circumstances which necessitate extension (please check all that apply):
   - [ ] Change of major from __________________________ to __________________________.
   - [ ] Change of research topics
   - [ ] Unexpected research problems
   - [ ] Other (please give brief explanation) __________________________________________

2. New projected graduation date: __________________________
   MM/DD/YYRR

Please note: Program extensions cannot be granted for the purpose of obtaining employment or Curriculum Practical Training (CPT) alone. There must be “compelling academic reasons” (8 C.F.R. 214.2 (f) (7) (iii)) and requirements for an extension of program.

By signing this form, I certify that to the best of my knowledge, information on this form has been reviewed and provided by the department.

____________________________  ______________________________  _____________
Department Head/Advisor Name  Department Head/Advisor Signature  Date

(Please print or type clearly)

**You may scan and e-mail it to oia@louisiana.edu.**